Mental Disorders Essay, Research Paper

MENTAL DISORDERSThe DSM IV (Diagnostic and Statistical Manual of Mental Disorders) systems which was published in1994, represents the official classification system used in the United States for diagnosingpsychological disorders. It gives specific criteria that are used in diagnosis, along with otherinformation regarding other features that are sometimes seen in people with specific disorders and issuesthat are considered differential diagnosis (distinguishing between a primary disorder and otherconditions that may be similar in some ways). All three of the patients in the case studies exhibitsymptoms that can be diagnosed through this system. James ChattertonOne case deals with schizophrenia, another with obsessive-compulsive disorder, and the other withsubstance abuse disorder (specifically, substance-induced). However, induced mood disorder couldrepresent an alternative diagnosis which should be considered. Although the previous diagnosis is themost appropriate. All three patients exhibit characteristics that enable them to be diagnosed throughthe DSM IV classification system.When considering both the history and presenting symptoms of this patient, it would seem tat themost appropriate diagnoses would be schizophrenia – paranoid type. An alternative diagnosis of mooddisorder with psychotic features would have to be considered, although this diagnosis seems much lesslikely than a primary diagnosis of schizophrenia.The primary features of schizophrenia fall into a number of categories. Characteristic symptomsinclude delusions, hallucinations, disorganized speech, grossly disorganized behavior, as well assymptoms of affective flattening (e.g., showing a lack of range of emotional response). Patients onlyneed to show two of these features for diagnosis. Other symptoms include evidence of major social oroccupational dysfunction. This may be reflected in a failure to function at an expected level in termsof job or school performance, as well as major problems in relating to others in social situations. Thedisorder must have lasted for six months or more, and the patient must not show evidence of a number ofother conditions such as mood disorder with depressive features, or substance induced psychotic disorder. James Chatterton displays a number of features that are highly suggestive of a diagnosis ofschizophrenia. He shows very unusual and unconventional behaviors. Indeed, he is said to have had nofriends and displayed an uncharacteristic lack of interest in the opposite sex during his adolescentyears. His problems in social functioning are not only indicated by his unusual behaviors and hid lackof interpersonal relationships but it is also indicated by the fact that during his senior year hissocial functioning declined to the extent that he stopped attending school and displayed a generalizedlack of interest in doing much of anything. Clearly, he shows evidence of social dysfunction. Perhaps the features most characteristic of schizophrenia are the presence of delusions andauditory hallucinations. Here it can be pointed out tat the patient had suggested to his cousin that sheshould not take her medication, as it was a plot by a religious group to make her sterile. This, alongwith his lectures about extraterrestrial is indicative of delusional thinking. Such delusions are of thetype most commonly seen in schizophrenics with paranoid features. It can be noted that, even as a child,the patient thought other people were talking about him. Other classic schizophrenic characteristicsdisplayed by this patient include auditory hallucinations, as when he noted that a woman s voice wastelling him to do things. His tendency to laugh without apparent reason. as though he had heardsomething, is also supportive of the presence of auditory hallucinations. The fact that the Mental StateExam found the patient to be disoriented in terms of not knowing the d!ate or where he was, also is suggestive of schizophrenia by his lack of appropriate expression offeelings. All in all, a multitude of features strongly supports a diagnosis of Schizophrenia. Specifically, schizophrenia – Paranoid Type. It can be noted that the Paranoid type of Schizophrenia isdiagnosed when the patient shows evidence of delusions and other features such as either disorganizedbehavior or inappropriate affect (expressions of feelings). His delusions have already been discussed. Inappropriate affect is suggested by this tendency to laugh inappropriately for no apparent reason. His blank facial expression is also suggestive of flat affect. While all of the above strongly supporta diagnosis of schizophrenia, the fact that the patient shows evidence of sleep disturbance, weight loss,and has made what would be seen as a suicide attempt makes it important to consider that he may display amood disorder with psychotic features as these features are all! suggestive of depression. The primary argument against this alternative diagnosis appears to be thepresence of auditory hallucinations, which are infrequently found in mood disorders and the fact thatwhat appear to the primary symptoms of schizophrenia in this patient do not necessarily coincide withevidence of depression as is the case with psychotic features (e.g., delusions) which are associated witha mood disorder. Thus, this alternative diagnosis appears much less likely than a diagnosis ofschizophrenia. Psychosis associated with substance abuse seems relatively unlikely due to the fact that

the patient has not engaged in serious substance abuse, although there appears to have been someexperimentation. It can be noted that, unlike the pseudo patient described by Rosenhan, this patient displays awide range of symptoms that clearly differentiates him from normal individuals. Treatment of a patientsuch as this would likely involve treatment with antipsychotic medications, perhaps combined withpsychotherapy. SARA WINKLERIt would seem that the most appropriate diagnosis for this patient would be Obsessive-CompulsiveDisorder. An alternative diagnosis would be Major Depressive Episode. According to DSM IV Criteria, theprimary features characteristic of Obsessive-Compulsive Disorder are either obsessions or compulsions. Here the patient experiences recurrent, persistent thought, impulses or images that are intrusive andcause marked anxiety or distress, that go beyond normal worrying about real life problems, and which theperson realizes are irrational and attempts to suppress or deal with through some thought or action. Alternatively, the person may experience repetitive behaviors which they feel compelled to perform. These behaviors are directed toward reducing anxiety or preventing some feared event or situation. Theseobsessions or compulsions are seen by the patient as being excessive or irrational, cause markeddistress, and interfere with the patients ability to function. It is obvious that Sara shows both obsessions and compulsions. Her obsessions take the form ofintrusive thoughts and impulses related to her arming her child. Her compulsive behaviors take the formof behaviors which represent attempts to ward off or prevent such threatening things from happening. Other characteristics of this patient might be seen as suggestive of a Depressive Disorder whichmight be considered as an alternative diagnosis. In this regard it can be noted that the patient reportsfeelings of depression, shows a loss of interest in most activities, describes a lack of energy, andevidence of weight loss and sleep disturbance. All of these features are associated with DepressiveDisorder. While these features are clearly present, it could be argued that the primary diagnosis forthis patient should be Obsessive-Compulsive disorders it seems to be the case that depressive featureshave occurred secondary to the distress resulting from her obsessions and compulsions and the disruptionin her personal and family life that has resulted. Treatment of this patient would likely involve dealing with several issues. The treatment ofobsessive-compulsive disorder has been approached through the use of pharmacological treatments as in theuse of antidepressant drugs such as Prozac. Psychological treatment where the patient is exposed tosituations likely to result in increased compulsive behavior and where they are not allowed to engage incompulative behaviors have also been found to be useful. Either of these types of treatment might beuseful with this patient. DEAN WANNAMAKERThis case seems to present the most difficulties in terms of making a differential diagnosis. Itseems clear that this patient displays a substance abuse disorder of some type. Two specific diagnosesappear to most likely characterize his symptoms. The first is Substance-induced Psychotic Disorder. Myhypothesis is that this is the most appropriate primary diagnosis. The second is Substance-induced MoodDisorder with Depressive Features. The primary symptoms of Substance-induced Psychotic Disorder include prominent hallucinations ordelusions. It is suggested that there should be evidence that these symptoms developed during or withina month of substance intoxication or withdrawal, that symptoms are not better accounted for by anon-substance-induced psychotic disorder and that symptoms do not occur just during a delirium. For thisdiagnosis to be made it is also the case that the hallucinations or delusions should not be recognized bythe patient to be the result of substance abuse. This patient appears to clearly meet these criteria. First of all, he shows evidence of auditoryhallucinations that began when he was in his early 40 s. These hallucinations began after the onset ofbouts of heavy drinking and are described by his girlfriend as only occurring after he has been drinkingfor a while. The patient shows no insight into the fact that the voices he hears are related to hissubstance abuse. Of special concern is the fact that the voices he hears now speak to him regarding thetopic of death. This would raise concern over possible suicide attempts later. The patient also seems to meet the criteria for the alternative diagnosis of Substance-inducedMood Disorder with Depressive Features. He shows significant depression by his crying, weight loss sleepdisturbance, loss of interest in sex, and loss of energy. His recent thoughts about dying are alsosuggestive of significant depression. His girlfriend s statement that he has been depressed most of thetime for the last month and a half – not quite as long as he d been drinking suggests that the patient sdepression likely developed subsequent to alcohol abuse.Treatment might well involve participation in a substance abuse treatment program and helpingdevelop more adequate ways of coping with major stress so that he is less likely to abuse alcohol inattempting to cope with this stress. Psychotherapy would seem likely to be helpful in this regard. Given that both the psychotic symptoms and depression are substance abuse could be dealt with these othersymptoms (e.g., hallucinations, depression) should be greatly diminished.